24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) GROWTH POLITICAL ACTION COMMITTEE ('GROWTH P.	FEC IDENTIFICATION NUMBER W
Check if X 24-hour report 48-hour report New report Amends	M = M / D = D / Y = Y = Y
Full Name of Payee Edmond Associates, Inc.	Date of Public Distribution/Dissemination 10 21 2014
Mailing Address PO Box 2607	Amount
City State Zip Code Leesburg VA 20177	15300.00 Transaction ID : SE.4140 Date of Disbursement or Obligation
Purpose of Expenditure Advertising - Radio Category/ Type	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate SCOTT BROWN Oppo	
Calendar Year-To-Date Per Election for Office Sought 15300.00	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Edmond Associates, Inc.	Date of Public Distribution/Dissemination
Mailing Address PO Box 2607	Amount
City State Zip Code Leesburg VA 20177	2300.00 Transaction ID : SE.4161 Date of Disbursement or Obligation
Purpose of Expenditure Advertising - Radio - Production Category/ Type	10 / 24 / 2014
Name of Federal Candidate SCOTT BROWN Oppor	NIII
Calendar Year-To-Date Per Election for Office Sought 21300.00	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	17600.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Chris Marston [Electronically Filed] Signature	Date 10 23 / Y Y Y Y Y Y

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: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F24A Transaction ID:

This amended 24-hour report discloses production costs that were omitted from the original report.

Form/Schedule: Transaction ID: